State of Alaska FY2008 Governor's Operating Budget

Department of Health and Social Services AK Fetal Alcohol Syndrome Program Component Budget Summary

Component: AK Fetal Alcohol Syndrome Program

Contribution to Department's Mission

To reduce alcoholism and substance use and abuse among pregnant women and women of child bearing age.

The mission of the Alaska Fetal Alcohol Syndrome (FAS) program is to prevent all alcohol-related birth defects, to increase diagnostic services in Alaska, to improve the delivery of services to those individuals already affected by fetal alcohol spectrum disorders (FASD) and to evaluate the outcomes of our statewide project.

Core Services

Services include training, public education, development of statewide diagnostic services, community support through grants and contracts, and the on-going development of partnerships with other divisions, departments, community agencies, Native health corporations and parents/caregivers to decrease the prevalence of FAS.

FY2008 Resources Allocated to Achieve Results					
Personnel: Full time	0				
Part time	0				
Total	0				
	Full time Part time				

Key Component Challenges

As the Alaska Fetal Alcohol Syndrome (FAS) Project moved into Phase II, reduced funding was a challenge, but one that was anticipated from the beginning of the federal 5-year FAS grant. FY05 was the official end of the FAS federal earmark, but due to careful and judicious spending, we were able to receive a one-year no-cost extension for FFY06, through September 2006, The final year of this project focused on continuing to build sustainability into the system that was initiated and built with the 5 years of funding. This included changing the funding stream for our 12 community-based fetal alcohol spectrum disorders (FASD) diagnostic teams from annual grant funds to a Provider Agreement payment system (per diagnosis payment). From the beginning, ongoing sustainability of these diagnostic teams was a concern for the state. With the 2006 increment of \$596,000 in general funds, ongoing funding for these teams and the diagnostic process has been addressed at the current level of annual diagnoses. One challenge with our teams is that most teams do not have the capacity to diagnose adolescents and adults, an identified and growing need. One particular area of diagnostic need is related to the Bring the Kids Home initiative, where a great many of the youth in out-of-state custody have been identified as having an FASD or highly suspected of having an FASD. As we begin developing local community-based services for these youth it will be critical that we have the capacity to adequately diagnose their ability and functionality.

Significant Changes in Results to be Delivered in FY2008

In FY2008, the Alaska fetal alcohol spectrum disorders (FASD) Project will be fully funded with general fund dollars as the federal FASD earmark will be fully spent (depending upon the approval of our request for a FFY2007 no-cost extension of this project we may have one quarter of federal funds in FY2008). The FASD community-based diagnostic teams will continue to be funded on a per diagnosis basis through the Provider Agreement payment system. Other projects from the FASD Project that will continue without funding is the Office of FAS website that will keep people informed of issues, research, upcoming activities, etc. related to FASD across Alaska. Through the trained cadre of FASD certified trainers across the state, training for services providers will continue, including the on-line FAS 101 and FASD for Educators.

In an effort to continue funding for our currently funded FASD community grants (14 grants) we are requesting a FY08 increment of \$696.8 in state general funds. These programs are located across the state in Fairbanks, Anchorage, Kenai, Ketchikan, Kiana, Kotzebue, Dillingham and Akiak. These programs offer school-based programming, youth prevention programs, training for foster and adoptive parents, services for high-risk women and pregnant and parenting mothers. Without this increment, these programs will no longer received DBH funding to continue their activities.

Major Component Accomplishments in 2006

FY06 was the ninth year for the Alaska FAS project and the sixth year of the SAMHSA FAS funding (funds were continued through a 1-year no-cost extension) Project highlights include:

- Our statewide public education/media campaign continued to be aired across Alaska in FY06. During the spring, a new radio ad was developed for airing in our more urban communities, aimed specifically at young women. In addition, we developed a theatre display ad for showing at movie theatres before the movie begins aimed at the younger audience. We received feed-back that may people saw and heard these ads over the summer months.
- The Fetal Alcohol Spectrum Disorder (FASD) curriculum development project, aimed at training all service providers across disciplines about FASD, was completed in FY05 and continued to be used during FY06. FASD 101 is titled "Disabilities of Discovery: Insights into Brain-Based Disabilities" and FASD 201 is titled "Developing Successful Interventions and Supports." We trained and certified 42 FASD 101 trainers and 25 FASD 201 trainers. Over 600 individuals have received the FASD 101 training with an overall increase in FASD knowledge of 31%. A list of all certified trainers is on the DBH website at www.hss.state.ak.us/fas/Resources/trainers/default.htm. The curriculum is currently being used in a number of other states, being seen as a quality curriculum that is useful to audiences outside of Alaska.
- DBH continued to fund 14 FASD community-based grant programs across the state. These projects range
 from prevention programs aimed at middle and high-school aged youth; to prenatal programs working with
 expectant moms and dads; to training programs for school personnel working with children and youth with an
 FASD; to life-skills development programs for adolescents and young adults with an FASD. Through these
 grant programs, community coalitions to work on the many issues related to FASD are developing and
 expanding their scope.
- The Alaska FASD community-based diagnostic team network currently has 12 community-based diagnostic teams across Alaska and one specialized team located at the Alaska Psychiatric Institute (API). Since 2000, when we first began diagnosing FASD using the University of Washington developed 4-Digit Diagnostic Process, we have diagnosed almost 1,000 individuals. Of those who completed a diagnosis approximately 9 to 10% have full FAS (with the facial features and growth deficiencies); 84% received a diagnosis indicating significant brain damage; and approximately 6% did not show signs of an alcohol-related disability. Once a diagnosis is complete, case planning occurs and recommendations for specific services, interventions and accommodations are made. The average age at diagnosis is between 10 and 12 years of age.
- By increasing our diagnostic capacity, we have in turn increased reporting to the Alaska Birth Defects Registry (ABDR) for births impacted by alcohol. In partnership with the Division of Public Health, Section of Epidemiology, FAS Surveillance Project, we are improving our FAS prevalence rates for Alaska. The current FAS statistics indicate that during 1995 through 1999 an average of 15 Alaskan infants were born each year with FAS. During this same time period an average of 163 Alaskan infants were born affected by maternal alcohol use during pregnancy. More than 1/3 of children who were diagnosed with FAS were born preterm and with low or very low birth weight. As we continue to improve our diagnostic capacity and continue to better educate Alaskan's about FASD, our FAS prevalence rates will become more and more accurate. As we move into FY2007, we anticipate seeing some initial change in the state prevalence rate for FAS and FASD, as the ABDR begins completing chart reviews on children born after 2000. Since most of our prevention, education and outreach activities didn't start until 2000, we do not anticipate change in prevalence rates until they analyze births after that time period.
- In an effort to begin documenting the outcomes related to receiving a FASD diagnosis, we began an evaluation project this spring to contact and interview families of individuals who received a diagnosis through one of our 12 teams. The questions will focus on improved resources based on the diagnosis, improved interventions, more understanding by the school and service system and overall improved outcomes of the individual and their family resulting from receiving a full functional diagnosis of FAS or other alcohol-related brain disorders. This evaluation will continue through most of FY2007, with a final report in early FY2008.

Statutory and Regulatory Authority

AS 47.30.470-500 Mental Health

AS 47.37 Uniform Alcoholism & Intoxication Treatment Act

7 AAC 78 Grant Programs

Contact Information

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	al Alcohol Syndrome Prog ponent Financial Summa		
33			ollars shown in thousands
	FY2006 Actuals Mai	FY2007 nagement Plan	FY2008 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Services	693.7	1,000.0	979.9
74000 Commodities	24.3	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	1,316.3	1,296.0	1,316.1
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	2,034.3	2,296.0	2,296.0
Funding Sources:			
1002 Federal Receipts	1,387.5	1,700.0	1,003.2
1004 General Fund Receipts	585.8	596.0	1,292.8
1037 General Fund / Mental Health	61.0	0.0	0.0
Funding Totals	2,034.3	2,296.0	2,296.0

Estimated Revenue Collections				
Description	Master Revenue Account	FY2006 Actuals	FY2007 Manageme nt Plan	FY2008 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	1,387.5	1,700.0	1,003.2
Restricted Total		1,387.5	1,700.0	1,003.2
Total Estimated		1,387.5	1,700.0	1,003.2
Revenues				

0.0

2,296.0

Summary of Component Budget Changes From FY2007 Management Plan to FY2008 Governor **General Funds** Federal Funds Other Funds **Total Funds** FY2007 Management Plan 596.0 1,700.0 0.0 2,296.0 Proposed budget decreases: -Reduction of excess federal funds 0.0 0.0 -696.8 -696.8 Proposed budget increases: -Restore Grants to Continuation 696.8 0.0 0.0 696.8 Levels

1,003.2

1,292.8

FY2008 Governor